

VIRGINIA PREVENTION EVALUATION SYSTEM
❖ Aggregate Report Form (Health Communication/Public Information) ❖
Table HC - PEMS-Compliant Version 2.0

HC01. Intervention Code & Name:

Please complete this form for each session of an HC/PI intervention.

HC02. Delivery Method for this session: (Choose all that apply)

- ☐ In person
- ☐ Internet
- ☐ Printed Materials – magazines, newspapers
- ☐ Printed Materials – pamphlets, brochures
- ☐ Printed Materials – posters, billboards
- ☐ Radio
- ☐ Telephone
- ☐ Television
- ☐ Video
- ☐ Other, specify _____

HC05. Event start date: ____/____/____ (if continuous, put begin date for reporting period)
Mon/ Day/ Year

HC06. Event end date: ____/____/____ (if continuous, put end date for reporting period)
Mon/ Day/ Year

HC06a. Date of report: ____/____/____

Totals:

- _____ HC07. Number of airings (if delivery method is radio or television)
- _____ HC08. Total number of people exposed to the message
- _____ HC09. Number of printed materials distributed
- _____ HC10. Number of web hits (if delivery method is internet)
- _____ HC11. Number of attendees (if delivery method is in person)
- _____ HC12. Number of callers (if delivery method is telephone)
- _____ HC13. Number of callers referred (if delivery method is telephone)
- _____ HC14. Number of male condoms distributed
- _____ HC15. Number of female condoms distributed
- _____ HC16. Number of lubricants distributed
- _____ HC17. Number of bleach or safer injection kits distributed
- _____ HC18. Number of referral lists distributed
- _____ HC19. Number of safe sex kits distributed
- _____ HC20. Number of other items distributed

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HC03. Activities or components of the intervention that occurred today (check all that apply)	
<input type="checkbox"/> Referral Information <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> HIV testing <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other Demonstration <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation and communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other Practice <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other	Discussion <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> HIV Testing <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other Other testing <input type="checkbox"/> Pregnancy <input type="checkbox"/> STD <input type="checkbox"/> Viral hepatitis Distribution <input type="checkbox"/> Male condoms <input type="checkbox"/> Female condoms <input type="checkbox"/> Safe sex kits <input type="checkbox"/> Safer injection/bleach kits <input type="checkbox"/> Lubricants <input type="checkbox"/> Education materials <input type="checkbox"/> Referral lists <input type="checkbox"/> Role model stories <input type="checkbox"/> Other Other <input type="checkbox"/> Post-intervention follow up <input type="checkbox"/> Post-intervention booster session <input type="checkbox"/> Other (specify) _____